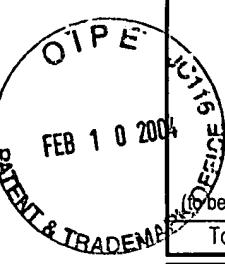


2-11-04

12665 \$



TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number	09/524,566	RECEIVED
Filing Date	03/13/2000	FEB 17 2004
First Named Inventor	Hetherington	Technology Center 2600
Group Art Unit	2665	
Examiner Name	Han, Clemence	
Attorney Docket Number	CE08291R	

ENCLOSURES

(check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Transmittal of Formal Drawings
		<input type="checkbox"/> Response to Notice of Non- Recordation of Document

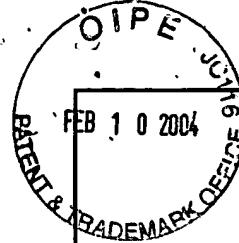
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Lalita W. Pace	Registration No.	39,427
Signature			
Date	February 10, 2004		

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being by express mail no. ER 308437630US to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date listed below:

Typed or printed name	Nanette Orr		
Signature		Date	February 10, 2004



**FEE
TRANSMITTAL**

Patent fees are subject to annual revision

Complete if Known

TOTAL AMOUNT OF PAYMENT (\$110.00)

Application Number 09/524,066

Filing Date 03/13/2000

First Named Inventor Hetherington

Examiner Name Han, Clemence

Group Art Unit 2665

RECEIVED

FEB 17 2004

Technology Center 2600

Attorney Docket No. CE08291R

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number

50-2117

Deposit Account Name

Motorola, Inc.

Charge Any Additional Fee required under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Paid
1001	750	2001	375	Utility filing fee
1002	330	2002	165	Design filing fee
1003	520	2003	260	Plant filing fee
1004	750	2004	375	Reissue filing fee
1005	160	2005	80	Provisional filing fee

SUBTOTAL (1) (\$0.00)

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Previously Paid**		Extra Claims	Fee from below	Fee Paid
		<input type="checkbox"/>	- <input type="checkbox"/> 20	= <input type="checkbox"/>	× <input type="checkbox"/> 18	= <input type="checkbox"/>
		<input type="checkbox"/>	- <input type="checkbox"/> 3	= <input type="checkbox"/>	× <input type="checkbox"/> 84	= <input type="checkbox"/>

Multiple Dependent

280 =

Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	* Reissue independent claims over original patent
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0.00)

**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

*For Reissues, see above

3. ADDITIONAL FEES

Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description	
1051	130	2051	65	Surcharge - late filing fee or oath	<input type="checkbox"/>
1052	50	2052	25	Surcharge - late Provisional filing	<input type="checkbox"/>
1053	130	1053	130	Non-English specification	<input type="checkbox"/>
1812	2520	1812	2520	For filing a request for ex parte Reexamination	<input type="checkbox"/>
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	<input type="checkbox"/>
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	<input type="checkbox"/>
1251	110	2251	55	Extension for reply within first month	<input type="checkbox"/>
1252	410	2252	205	Extension for reply within second month	<input type="checkbox"/>
1253	930	2253	465	Extension for reply within third month	<input type="checkbox"/>
1254	1450	2254	725	Extension for reply within fourth month	<input type="checkbox"/>
1255	1970	2255	985	Extension for reply within fifth month	<input type="checkbox"/>
1401	320	2401	160	Notice of Appeal	<input type="checkbox"/>
1402	320	2402	160	Filing a brief in support of an appeal	<input type="checkbox"/>
1403	280	2403	140	Request for oral hearing	<input type="checkbox"/>
1451	1510	1451	1510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452	110	2452	55	Petition to revive - unavoidable	<input type="checkbox"/>
1453	1300	2453	650	Petition to revive - unintentional	<input type="checkbox"/>
1501	1300	2501	650	Utility issue fee (or reissue)	<input type="checkbox"/>
1502	470	2502	235	Design issue fee	<input type="checkbox"/>
1503	630	2503	315	Plant issue fee	<input type="checkbox"/>
1460	130	1460	130	Petitions to the Commissioner	<input type="checkbox"/>
1807	50	1807	50	Processing fee under 37 CFR 1.17(g)	<input type="checkbox"/>
1806	180	1806	180	Submission of IDS	<input type="checkbox"/>
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	<input type="checkbox"/>
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
1801	750	2801	375	Request for Continued Examination (RCE)	<input type="checkbox"/>
1802	900	1802	900	Request for expedited examination of a design application	<input type="checkbox"/>
				Other fee (specify) <u>Statutory Terminal Disclaimer - \$110.00</u>	

* Reduced by Basic Filing Fee paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Lalita W. Pace

Registration No.

39,427

Telephone

847/538-5855

Signature

Lalita W. Pace

Date

February 10, 2004